

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>A.H.</i>	<i>12105</i>	<i>4/19/02</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>0453</i>	<i>6/27/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

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If more than 150 claims or 10 actions  
staple additional sheet here

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